

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/869816**

FILING DATE

APPLICANT(S)

2/13/02 (121) 05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/					
2	/					
3	/					
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47	/					
48	/					
49	/					
50	/					
TOTAL IND.		11		11		11
TOTAL DER.						
TOTAL CLAIMS						

#	IND.	DER.	#	IND.	DER.	#	IND.	DER.
51								
52								
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100								
TOTAL IND.	16	11		16	11		3	11
TOTAL DER.	70	11		70	11		23	11
TOTAL CLAIMS	86	86		86	86		26	86

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3231

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